Home Health Certification and Plan of Care

Order ID: 1163/970

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
331070908	04/01/2026	From: 04/01/2026 To: 05/30/2026	732	497754

6. Patient's Name and Address
Mary Harrison
12165 Penderview Terrace Apt 1005,
Fairfax, VA 22033-
703-346-1228

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 12/23/1941 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/01/26

13. ICD	Other Pertinent Diagnoses	Date
R42.	Dizziness and giddiness	04/01/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/01/26
I70.222	Athscl native arteries of extremities w rest pain left leg	04/01/26
J45.909	Unspecified asthma uncomplicated	04/01/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/01/26
N18.32	Chronic kidney disease stage 3b	04/01/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/01/26
I25.110	Athscl heart disease of native cor art w unstable ang pctrs	04/01/26
F33.42	Major depressive disorder recurrent in full remission	04/01/26
M17.10	Unilateral primary osteoarthritis unspecified knee	04/01/26
G43.909	Migraine unsp not intractable without status migrainosus	04/01/26
E78.5	Hyperlipidemia unspecified	04/01/26
Z79.4	Long term (current) use of insulin	04/01/26
Z91.81	History of falling	04/01/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Metoprolol Tartrate - Metoprolol Tartrate 25 mg, Take half tablet by mouth twice a day Take half tablet by mouth 2 times a day
Neurontin - Gabapentin 300 mg, Take 1 capsule by mouth three times a day Take 1 capsule by mouth 3 times a day
Pletal - Cilostazol 50 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Cozaar - Losartan Potassium 50 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Wellbutrin Sr - Bupropion Hydrochloride 100 mg, Take 2 tablets by mouth in the morning Take 2 tablets by mouth every morning
Lipitor - Atorvastatin Calcium 20 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol to prevent heart attack and stroke
Imdur - Isosorbide Mononitrate 60 mg, Take 1 tablet by mouth once a day
Glucophage - Metformin Hydrochloride 500 mg, Take 3 tablets by mouth as necessary Take 3 tablets by mouth every morning and 2 tablets in the evening with food
Effexor Xr - Venlafaxine Hydrochloride 150 mg Oral 24hr SR Cap, Take 2 capsules by mouth once a day Take 2 capsules by mouth daily
Insulin Glargine-yfgn (SEMGLEE) 100 unit/mL SubQ Soln 100 unit/mL, Inject 25 units subcutaneous once a day Inject 25 units subcutaneously daily
Nitroglycerin - Nitroglycerin 0.4 mg SL Subl Tab, Dissolve 1 tablet under the tongue by mouth as necessary Dissolve 1 tablet under the tongue as needed for CHEST PAIN. May repeat every 5 minutes for 3 doses. CALL 911
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron), Take 1 tablet by mouth every other day Take 1 tablet by mouth every other day
Magnesium Citrate - Magnesium Citrate 200 mg, Take 2 tablets by mouth once a day
eye health complex dietary supplement 1 softgel by mouth once a day vit c 250mg, vit e 90mg, zinc 40mg, copper 2mg preservision softgels 1 softgel by mouth once a day
Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 1 by mouth twice a day Take 1 tablet by mouth 2x/day
Isosorbide Mononitrate - Isosorbide Mononitrate 60 mg 1 by mouth once a day Take 1 tablet by mouth daily

14. DME and Supplies:
cane

15. Safety Measures:
fall precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

17. Allergies:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ayse Turget
201 N Washington St
Falls Church, VA 22046
PHONE: 7032274000 FAX: 17035311700 NPI: 1558408880

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 03/25/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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Z. NO PHYSICIAN-ORDERED DIET

codeine statins

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 diabetes mellitus with diabetic polyneuropathy, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: The patient is an 83-year-old female referred for skilled home health physical therapy following multiple recent falls that resulted in a left rib contusion, thoracic strain, and left hip pain. Diagnostic imaging performed after the incidents was negative for acute fracture; however, the patient continues to report persistent pain and tenderness to palpation in the affected areas. The patient demonstrates decreased activity tolerance and impaired functional mobility secondary to pain and musculoskeletal injury. During the assessment, the patient exhibited deficits in overall strength, balance, and safety awareness, which contribute to a significantly increased risk for further falls. The patient has experienced several recent falls both within the home and in outdoor environments, indicating ongoing mobility and safety concerns. Functional limitations currently include difficulty performing transfers, ambulating safely, and completing activities of daily living without assistance. These impairments limit the patient's ability to move safely throughout the home environment and contribute to decreased independence. The patient is considered homebound due to persistent pain, reduced endurance, and the need for assistance during mobility tasks, making it a considerable and taxing effort for the patient to leave the home safely. Skilled home health physical therapy services are medically necessary to address these deficits and reduce the risk of additional injury. The treatment plan will focus on pain management strategies, therapeutic exercises to improve lower extremity and core strength, balance training, gait training, and functional mobility training to improve transfers and ambulation safety. Education will also be provided regarding fall prevention strategies, environmental safety modifications, and safe mobility techniques within the home and community. The overall goal of therapy is to improve the patient's functional mobility, increase strength and balance, enhance safety awareness, and restore the highest possible level of independence while minimizing the risk of future falls and injury. Continued skilled intervention will also support improved tolerance for daily activities and promote safe progression toward functional recovery.
 Date of Order 04/01/2026 Orders Physician Face-to-Face Date: 03/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-diabetes">diabetes</mh> mellitus with diabetic polyneuropathy Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc
 Physician Turget, Ayse

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (04/01/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26) ,WK3: 1 (04/12/26-04/18/26) ,WK4: 1 (04/19/26-04/25/26) ,WK5: 1 (04/26/26-05/02/26) ,WK6: 1 (05/03/26-05/09/26) ,WK7: 1 (05/10/26-05/16/26) ,WK8: 1 (05/17/26-05/23/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency,

PT Goals

PATIENT-STATED GOAL: Improve static and dynamic balance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/01/2026

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dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, limited range of motion, muscle weakness, limited endurance, limited strength, Pain Interference with Therapy activities, Pain Interference with ADLs, extremity burn/tingle/numb, balance deficit

PROCEDURES: home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/01/2026